

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/567382
APPLICANT(S) _____

FILING DATE _____

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6		2				
7		1				
8		1				
9		1				
10						
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19						
20						
21		2				
22		1				
23		1				
24		1				
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28						
29		1				
30		1				
31		1				
32		1				
33		1				
34		2				
35		1				
36						
37						
38						
39		2				
40		1				
41	1					
42	1					
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49						
50						
TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	53	←		←		←
TOTAL CLAIMS	56					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						